

Claim initiated by the insured

1st screen:

Call Opening

Thank you for calling the Glass Claims department of **Insurer** my name is _____, can I start by getting your name please?

1. Thank you (**Customer Name**), how can I help you today?
2. I am sorry to hear that (**Customer Name**), is there any other damage?
3. Is this the first time you have reported this damage?

Privacy Statement

To start processing your claim, and in compliance with privacy legislation, **Insurance** requires your consent for the purpose of assessing, monitoring, and quality assurance of your claim. We may collect from, use, and exchange information with; our representatives, agents, or advisors; third party vendors such as glass shops. Do we have your consent?

Information Gathering

Now (**Customer Name**), to further assist you I will need to ask you some additional questions:

4. Have you arranged to have your vehicle repaired yet?
5. What is your policy number?
6. When did the damage happen? (Avoid using the term "date of loss.")
7. Can you provide me with the make, model, and year of your vehicle?
8. Can I have the last 6 digits of your vehicle's VIN number? **For SSQ you must ask for the complete VIN #.**
9. Is the damage bigger or smaller than a dollar coin?
10. What is the current mileage on your vehicle?
11. Can I have your licence plate number?

2nd screen:

12. Can you confirm your address?
13. Can I have your phone number?
14. Do you have another contact number?
15. Can I have your email address? **Never ask for TD Insurance**

3rd screen:

Put shop as **UNKNOWN** and go to next page

4th screen:

16. Who was driving the vehicle when the damage happened?
Or who was the person responsible for the vehicle when the damage was found?
17. Is your vehicle for personal or commercial use?

5th screen:

18. What was the cause of the damage? **(Add a note to journal.)**

Confirmation of Coverage

Repair (windshield only)

(**Customer Name**), I see you are covered for the windshield repair and there is no deductible for a repair but if we have to replace the windshield, your deductible of \$ will be payable to the shop.

Replacement (for all windows)

(**Customer Name**), I see that you are covered for the replacement of the windshield, and you have a deductible of \$ payable to the shop when the repairs are completed.

Not covered

(Customer Name), I am sorry to inform you that you are not covered for damage to your vehicle. The repairs will be at your expense, we will close this file without a claim.

Directory:

Recommendation

Regarding the service of your vehicle (**Customer Name**), I am happy to refer you to one of our certified repair facilities. Our partners guarantee their work and follow the guidelines from both your vehicle's manufacturer and the insurance company for a safe and seamless claims experience. They also offer a lifetime warranty on all windshield replacements and stone chip repairs for as long as you own your vehicle.

Calibration (if applicable)

Due to the advanced driver assistance system on your vehicle, calibration of the system might be necessary. Our certified facilities also offer this service.

Provide the closest Uniban and Belron shops within 20 km of the insured home or work.

Would you like to use one of these preferred repair shops?

If yes :

There's a Belron shop XXX or a **Uniban shop XXX**, for which I could book your appointment at this time.

19.If they pick the Uniban store, go online and book the appointment

20.When would you like to book your appointment?

If yes: book online.

If NO to book an appointment: Provide the address , telephone number of the shop .

If the recommendation for the shop is denied: (go to next)

21.To confirm, the name of the shop you would like to use is (**insert name of shop**),

Or what is the name of the shop you would like to use?

If it's not an affiliated glass shop

You can have your vehicle fixed at the repair facility of your choice; however, we are required to let you know that we will not be able to guarantee their work as they are not one of our certified preferred repair facilities. Would you still like to use the shop you mentioned, or would you rather use one of our preferred shops?
(If a preferred shop is selected, provide the address and telephone number of the facility.)

Call Closing

Your claim has been opened and the work order has been sent to (**insert name of shop**). For your reference, your work order number is (insert work order number).

If there is a deductible advises the insured:

You will be required to pay your deductible to the shop, and they will bill us for the balance of the work order once the repairs have been completed.

19. Do you have any additional questions for me today (**Customer Name**)

Thank you for calling. We appreciate your business.